(BPD)

ATTACHMENT 2.6-A

August 1991

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation

Condition or Requirement

A. General Conditions of Eligibility

Each individual covered under the plan:

- 42 CFR Part 435, 1. Is financially eligible (using the methods and Subpart G standards described in Parts B and C of this Attachment) to receive services.
- 42 CFR Part 435, 2. Meets the applicable non-financial eligibility Subpart F conditions.
 - a. For the categorically needy:
 - (i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
 - (ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.

1902(1) of the **Act**

(iii) For financially eligible pregnant women,
 infants or children covered under sections
 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)
 (i)(VI), and 1902(a)(10)(A)(ii)(IX) of the
 Act, meets the non-financial criteria of
 section 1902(l) of the Act.

(BPD)

ATTACHMENT 2.5-A

August 1991

Page 1a

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Tennessee</u>

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation

Condition or Requirement

1902(m) of the Act

(iv) For financially eligible aged and disabled individuals covered under sectio 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act. Revision: HCFA-PM-91-4 (BPD)

August 1991

ATTACHMENT 2.6-A Page 2 OMB No: 0938-

State Tennessee

State _	Tennessee	<u>. </u>	
Citation			Condition or Requirement
		b.	For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905 (p) of the Act		C.	For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act.
1905(s) of the Act		đ.	For Financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s)
42 CFR	3.	ls res	siding in the United States and-
435.406		8.	Is a citizen:
		b.	Is a qualified alien, as identified in section 431(b) of P.L. 104-193, whose coverage is mandatory under sections 402 and 403 of P.L. 104-193, including those who entered the U.S. prior to August 22, 1996, and those who entered on or after August 22, 1996.
			Is a qualified alien, as defined in section 431(b) of P.L. 104-193, whose coverage is optional under section 402 and 403 of P.L. 104-193, including those who entered the U.S. prior to August 22, 1996, and those who entered on or after August 22, 1996.
		c.	Is an alien who is not a qualified alien as defined in section 431 (b) of P.L. 104-193, or who is a qualified alien but is not eligible under the provision of (b) above. (Coverage is restricted to certain emergency services.)

GW/D1018084

August 1991

ATTACHMENT 2.6-A Page 3 OMB No: 0938-

Citation		Condition or Re	equirement	
42 CFR 435.403 1902(b) of the Act.	maint addre	tains the residence pess.	ermanently or ma	
	<u>/X/</u>	State has interstate	residency agreem	ent with the following States:
Alabama Arkansas California Florida Georgia Idaho Iowa	Kansas Kentucky Louisiana Maine Maryland	Minnesota Mississippi New Jersey New Mexico	North Dakota Ohio Pennsylvania South Dakota	Texas West Viriginia Wisconsin
		State has open	agreement(s).	
	<u></u>	Not applicable	; no residency req	uirement.

D1018084

Revision: HCFA-PM-91-8 October 1991

(MB)

ATTACHMENT 2.6-A

Page 3a

OMB No.: 0938-

State/Territory: Tennessee

Citation

Condition or Requirement

42 CFR 435.1008

5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, intermediate care facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.

42 CFR 435.1008 1905(a) of the Act

- b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.
 - Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.

42 CFR 433.145 1912 of the Act

6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

MAY 26 1993 TN No. Approval Date Supersedes

Effective Date __1/1/92

TN No. 87-16

HCFA ID: 7985E

HCFA-PM-91- A October 1991

(MB)

ATTACHMENT 2.6-A

Page 3a.1

OMB No.: 0938-

State/Territory: __Tennessee

Citation

Condition or Requirement

An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in \$1902(1)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

- <u>/X</u>/ Assignment of rights is automatic because of State law.
- 42 CFR 435.910
- 7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number).

TN No. 92-7	MIV 2.5 1002	
Supersedes	Approval Date	Effective Date 1/1/92

TN No. 87-16

HCFA ID: 7985E

HCFA-PM-91-4

(BPD)

ATTACHMENT 2.6-A

Page 3b

August 1991

OMB No.: 0938-

State: Tennessee

Citation

Condition or Requirement

1902(c)(2)

8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

1902(e)(10)(A) and (B) of the Act

9. Is not required, as an individual child or pregnant woman, to meet requirements under section $402(\bar{a})(43)$ of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

(BPD)

ATTACHMENT 2.6-A

Page 3c OMB No.: 0938-

August 1991

State: <u>Tennessee</u>

Citation

Condition or Requirement

1906 of the Act

Is required to apply for enrollment in an employer 10. based cost-effective group health plan, if such plan is available to the individual. Enrollment is condition of eligibility except for the individua who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does no affect a child's eligibility).

HCFA-PM-97-2 December 1997

State: Tennessee

ATTACHMENT 2.6-A Page 4 OMB No.:0938-0673

Citation Condition or Requirement Posteligibility Treatment of Institutionalized Individuals' Incomes B. 1. The following items are not considered in the posteligibility process: 1902(o) of a. SSI and SSP benefits paid under §1611(e)(1)(E) the Act and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF. Bondi v b. Austrian Reparation Payments (pension (reparation) Sullivan (SSI) payments made under §500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments. 1902(r)(1) of c. German Reparations Payments (reparation payments the Act made by the Federal Republic of Germany). 105/206 of d. Japanese and Aleutian Restitution Payments. P. L. 100-383 1. (a) of e. Netherlands Reparation Payments based on Nazi, but P.L. 103-286 not Japanese, persecution (during World War II). 10405 of f. Payments from the Agent Orange Settlement Fund P.L. 101-239 or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.) 6(h)(2) of P.L. 101-426 g. Radiation Exposure Compensation. 12005 of h. VA pensions limited to \$90 per month under P. L. 103-66 38 U.S.C. 5503. TN No. 98-1 Supersedes Approval Date_ Effective Date 1/1/98 TN No. 96-3

Revision: HCFA-PM-97-2 December 1997

ATTACHMENT 2.6-A

Page 4a

OMB No: 0938-0673

State:		Tennessee	
Citation		Condition or Requirement	
1924 of the Act 435.725 435.733 435.832	2.	The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care: Personal Needs Allowance (PNA) of not less than \$40 For Individuals and \$60 For Couples For All Institutionalized Persons.	
		a. Aged, blind, disabled: Individuals \$\frac{40}{60}\$ Couples \$\frac{60}{60}\$ For the following persons with greater need: Supplement 13 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.	
		b. AFDC related: Children \$ 40 Adults \$ 40 For the following persons with greater need: Supplement 13 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met. c. Individual under age 21 covered in the plan as specified in Item B.7. of Attachment 2.2-A. \$ 40	

December 1997

ATTACHMENT 2.6-A

Page 4b OMB No: 0938-0673

Sta	ite	Tennes	see
Citation			Condition or Requirement
			For the following persons with greater need:
			Supplement 13 to Attachment 2.6-A describes the
			greater need; describes the basis or formula for
			determining the deductible amount when a specific
			amount is not listed above; lists the criteria to be
			met; and, where appropriate, identifies the organizational
			unit which determines that a criterion is met.
		d.	Individuals in home and community based waivers
			(i) HCBS for elderly and disabled (ADAPT) 200% of SSI-FBR for an individual
			(ii) HCBS for elderly and disabled (Shelby County) 200% of SSI-FBR for an individual
			(iii) HCBS Waiver for the mentally retarded 200% of SSI-FBR for an
			individual
1924 of the Act	3.	deducted	ion to the amounts under item 2., the following monthly amounts are if from the remaining income of an institutionalized individual with a nity spouse.
		a.	The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924(d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.
			X The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.
			The poverty level component is calculated using a percentage greater than the applicable precentage, equal to%, of the official poverty level (still subject to maximum maintenance needs standard).
			The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).
			Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.
GW/D1038063		•	
TN No. <u>98-6</u> Supersedes No. <u>98-1</u>		App	roval Date 9/1/98 Effective Date 9/1/98

HCFA-PM-97-2 December 1997

ATTACHMENT 2.6-A Page 4c OMB No::0918-0673

State:	Tennessee
Citation	Condition or Requirement
	In determining any excess shelter allowance, utility expenses are calculated using:
	the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or
	the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.
	b. The monthly income allowance for other dependent family members living with the community spouse is:
	one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924 (d)(3)(B)) exceeds the dependent family member's monthly income.
	a greater amounted calculated as follows:
	The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924 (d)(1):
	c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:
	(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.
	(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A.)
TN No. 98-1 Supersedes	Approval Date 5/1/98 Effective Date 1/1/98
TN No. 92-7	

Revision: HCFA-PM-97-2 December 1997

ATTACHMENT 2.6-A Page 5 OMB No.:0938-0673

State: Tennessee

	Condition or Requirement
435.725 435.733 435.832	4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:
	a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:
	o AFDC level; or o Medically needy level:
	(Check one)
	- AFDC levels in Supplement 1 Medically needy level in Supplement 1 Other: \$
	b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:
	(I) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.
	(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to <u>ATTACHMENT 2.6-A.)</u>
435.725 435.733 435.832	5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:
•	A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:
	<u>x</u> No.
	Yes (the applicable amount is shown on page 5a.)
TN No. 98-1 Supersedes TN No. 92-7	Approval Date 5/1/98 Effective Date 1/1/98

Revision: HCFA-PM-97-2 December 1997

ATTACHMENT 2.6-A Page 5a OMB No::0938-0673

Citation	· •	Condition or Requir	rement
	************	Amount for maintenan	ce of home is:
		Amount for maintenan costs not to exceed \$_	ce of home is the actual maintenance
		Amount for maintena countable income is dete only if the individuals home are different.	unce of home is deductible when ermined under §1924(d)(1) of the Act home and the community spouse's
			nce of home is not deductible when etermined under §1924 (d)(1) of the
			•
	-		
TN No. 09 1			,
TN No. 98-1 Supersedes TN No. 92-7	Approva	1 Date 5/1/98	Effective Date 1/1/98

FEBRUARY 1992

(MB)

ATTACHMENT 2.6-A
Page 6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: TENNESSEE

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)

Condition or Requirement

42 CFR 435.711 435.721, 435.831

C. Financial Eligibility

For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply; unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.

For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.

Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level—pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(ii)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act—and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.

TN No. 92-24
Supersedes Approval Date NOV 8 1993 Effective Date 4/1/92
TN No. 92-7

(BPD)

ATTACHMENT 2.6-A

Page 6a

August 1991

OMB No.: 0938-

State: Tennessee

Citation

Condition or Requirement

- /X/ Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.
- Supplement 7 to ATTACHMENT 2.6-A specifies the income levels for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.
- Supplement 4 to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
- Supplement 5 to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
- Supplement 8a to ATTACHMENT 2.6-A specifies the methods for <u>/x/</u> determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.
- Supplement 8b to ATTACHMENT 2.6-A specifies the methods for <u>/x/</u> determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.

MAY 2 6 1993

HCFA ID: 7985E Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992 ATTACHMENT 2.6-A
Page 7

	STATE	PLAN UN	DER	TITLE	XIX (OF TH	E SOCIAL SECURITY ACT
٤	State: _	TENNE	SSEE				
	1	LIGIBIL	ITY	CONDI	TIONS	AND I	REQUIREMENTS
Citation	(=)			Cond	ition	or R	equirement
1902(r)(2) of the Act		1.	Met	hods	of De	termi	ning Income
or the act			a.	leve	-rela l rel dren)	ated	ndividuals (except for poverty pregnant women, infants, and
				(1)	AFDC	-rela	ining countable income for ted individuals, the following re used:
					<u>x</u>	(a)	The methods under the State's approved AFDC plan only; or
						(b)	The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
	•			(2)	resp the house incoming living	onsih incom eholo me of	nining relative financial collity, the agency considers only me of spouses living in the same as available to spouses and the parents as available to children the parents until the children l.
1902(e)(6) the Act				(3)	elic 1902 rega fam: 60-c any	gible 2(a)(; ard to ily o: day po rema	ontinues to treat women under the provisions of sections 10) of the Act as eligible, without or any changes in income of the f which she is a member, for the eriod after her pregnancy ends and ining days in the month in which the falls.

TN No. 92-24 Approval Date NOV 8 1993 Effective Date 4/1/92
TN No. 92-7

Revision: HCFA-PM-92 -1 (MB) FEBRUARY 1992

ATTACHMENT 2.6-A Page 7a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

51		
State: _	TENNESSEE	
E	LIGIBILITY CONDITIONS AND REQUIREMENTS	
Citation(s)	Condition or Requirement	
42 CFR 435.721 435.831, and 1902(m)(1)(B)(m)(4) and 1902(r)(2) of the Act	b. Aged individuals. In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following method are used:	
	The methods of the SSI program only. The methods of the SSI program and/or more liberal methods described in Supplement 2.6-A.	any olement

TN No. NEW PAGE (Data was on page 7)

(BPD)

ATTACHMENT 2.6-A

Page 8

OMB No.: 0938-

August 1991

State: Tennessee

Citation

Condition or Requirement

_	/ Fo	r ind	lividual	s othe	r than	option	nal Sta	te su	pplem	ien:
			, more							
	under	the	provisi	ions of	secti	on 190	2(f) o	f the	Act,	8
	speci	fied	in Supp	olement	4 to	ATTACH	MENT 2	.6-A;	and	any
	more	libe	ral me	thods	descri	bed in	Supp	lement	8a	ti
	ATTACH	HMENT	2.5-A.							

/X/ For institutional couples, the methods specified under section 1611(e)(5) of the Act.

For optional State supplement recipients un 435.230, income methods more liberal than SSI, specified in Supplement 4 to ATTACHMENT 2.6-A.

For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--(SSA administered OSS)

SSI methods only.

SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.

Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.

Revision: HCFA-PM-91-4 August 1991

(BPD)

ATTACHMENT 2.6-A

Page 9

OMB No.: 0938-

State: <u>Tennessee</u>

Citation

Condition or Requirement

42 CFR 435.721 and 435.837 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act

c. Blind individuals. In determining countable income for blind individuals, the following methods are used:

The methods of the SSI program only.

SSI methods and/or any more liberal methods __X described in Supplement 8a to ATTACHMENT 2.6-A.

For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A, and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

For institutional couples, the methods specified under section 1611(e)(5) of the Act.

For optional State supplement recipients under 435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.

optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--

SSI methods only.

SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.

Methods more restrictive and/ or more liberal than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A.

TN No. 92-7 upersedes

TN No. 89-28(page 7)

Approval Date MAY 26 1993

Effective Date 1/1/92

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD) August 1991

ATTACHMENT 2.6-A

Page 10

OMB No.: 0938-

State: <u>Tennessee</u>

Citation

Condition or Requirement

In determining relative responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

42 CFR 435.721. and 435.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act

d. Disabled individuals. In determining countable income of disabled individuals, including individuals with incomes up to the Federal poverty level described in section 1902(m) of the Act the following methods are used:

___The methods of the SSI program.

- X SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
- For institutional couples: the methods specified under section 1611(e)(5) of the Act.
- For optional State supplement recipients under 435.230: income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.
- individuals other than optional State supplement recipients (except aged and disabled individuals described in section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 82 to ATTACHMENT 2.6-A.

recipients

in

Revision:

HCFA-PM-91-4

(BPD)

optional

ATTACHMENT 2.6-A

Page 11

OMB No.: 0938-

August 1991

State: <u>Tennessee</u>

Citation

Condition or Requirement

	ection 1902(f) States and 551 criteria States
٧	vithout section 1616 or 1634 agreements
	SSI methods only.
	SCI methodo and/on any more lithered workedo
-	SSI methods and/or any more liberal methods
	than SSI described in Supplement 8a to ATTACHMENT
	2.6-A.
	Methods more restrictive and/or more liberal
-	than SSI, except for aged and disabled individuals
	described in section 1902(m)(1) of the Act. More
	restrictive methods are described in Supplement 4
	to ATTACHMENT 2.6-A and more liberal methods are
	specified in Supplement 8a to ATTACHMENT 2.6-A.

State supplement

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

N No. <u>92-7</u> Supersedes

TN No. <u>89-28(page 7)</u>

Approval Date MAY 26 1993

Effective Date 1/1/92

HCFA ID: 7985E

Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992

ATTACHMENT 2.6-A Page 11a

State:	TENNESSEE ELIGIBILITY	CONDITIONS AND REQUIREMENTS		
Citation(s)	Condition or Requirement			
1902(1)(3)(E) and 1902(r)(2) of the Act	e.	Poverty level pregnant women, infants, and children. For pregnant women and infants or children covered under the provisions of sections 1902(a)(10)(A)(i)(IV), (VI), and (VII), and 1902(a)(10)(A)(ii)(IX) of the Act (1) The following methods are used in determining countable income: The methods of the State's approved AFDC plan. The methods of the approved title IV-E plan. X The methods of the approved AFDC State plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A. X The methods of the approved title IV-E plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.		

Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992 ATTACHMENT 2.6-A Page 12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	TENNESSEE			
1	ELIGIBILITY	CONDIT	IONS AND REQUIREMENTS	
Citation(s)	C	onditio	n or Requirement	
			In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.	
1902(e)(6) of the Act		(3)	The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.	
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f.	Qualified Medicare beneficiaries. In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the following methods are used:		
			The methods of the SSI program only.	
			SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .	
		<u> </u>	For institutional couples, the methods specified under section 1611(e)(5) of the Act.	

TN No. 92-24
Supersedes
TN No. 92-7
Approval Date NOV 8 1993
Effective Date 4/1/92

Revision: HCFA-PM-93-2 MARCH 1993

(MB)

ATTACHMENT 2.6-A Page 12a

State:

Tennessee

Citation

Condition or Requirement

If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.

1905(s) of the Act

(1) Qualified disabled and working individuals.

In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.

1905(p) of the Act

(2) Specified low-income Medicare beneficiaries.

In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

TN No. Approval Date APR 20 277 1/1/93 Supersedes Effective Date TN No.

Revision: HCFA-PM-91-4 August 1991

(BPD)

ATTACHMENT 2.6-A

Page 12b

OMB No.: 0938-

State: Tennessee

Citation

Condition or Requirement

1902(u) of the Act

h. COBRA Continuation Beneficiaries

In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:

The disregards of the SSI program;

The agency uses methodologies for treatment o income more restrictive than the SSI program. These more restrictive methodologies are described Supplement 4 to Attachment 2.6-A.

NOTE: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taker into account in determining income, provided in section 1612(b)(4)(B)(ii).

(BPD)

ATTACHMENT 2.6-A

Page 13

August 1991

OMB No.: 0938-

State:

Tennessee

Citation.

Condition or Requirement

1902(k) of the Act

2. Medicaid Qualifying Trusts

In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the -trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.

The agency does not count the funds in a trust as described above in any instance where the determines that it would work an undue hardship.

1902(a)(10) of the Act

3. Medically needy income levels (MNILs) are based on family size.

Supplement 1 to ATTACHMENT 2.6-A specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, Supplement 1 so indicates.

Revision: HO

HCFA-PM-91-4 August 1991 (BPD)

ATTACHMENT 2.6-A

Page 14

OMB No.: 0938-

State: Tennessee

Citation

Condition or Requirement

42 CFR 435.732, 435.831 4. Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only

a. Medically Needy

- (1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of 1 month(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services.
- (2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:
 - (a) Health insurance premiums, deductibles and coinsurance charges.
 - *(b) Expenses for necessary medical and remedial care not included in the plan.
 - (c) Expenses for necessary medical and remedial care included in the plan.

Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.

* For any medical expense authorized by State law.

1902(a)(17) of the Act

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

(N No. <u>92-7</u> Supersedes

Approval Date MAY 2 6 1993

Effective Date 1/1/92

TN No. <u>87-16(page 10 & 11)</u>

HCFA ID: 7985E

Revision: HCFA-PM-91-8 October 1991

(BPD)

ATTACHMENT 2.6-A

Page 14a

State:

Tennessee

OMB No.: 0938-

Citation

Condition or Requirement

a. Medically Needy (Continued)

1903(f)(2) of

(3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.

(BPD)

ATTACHMENT 2.6-A

Page 15

OMB No.: 0938-

August 1991

State: Tennessee

Citation

Condition or Requirement

42 CFR 435.732 b. <u>Categorically Needy - Section 1902 (f) States</u>

The agency applies the following policy under provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:

- (1) Any SSI benefit received.
- (2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.
- (3) Increases in OASDI that are 435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.
- (4) Other deductions from income described in this plan at Attachment 2.6-A, Supplement 4.
- (5) Incurred expenses for necessary medical remedial services recognized under State law.

1902(a)(17) of the Act, P.L. 100-203

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

HCFA-PM-91-8 October 1991

(BPD)

ATTACHMENT 2.5-A

Page 15a

OMB No.: 0938-

State: Tennessee

Citation

Condition or Requirement

4.b. Categorically Needy - Section 1902(f) States Continued

1903(f)(2) of (6) Spenddown payments made to the State by the individual.

> NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.

HCFA-PM-91-4

(BPD)

ATTACHMENT 2.6-A

Page 16

OMB No.: 0938-

August 1991

State:

Tennessee

Citation

Condition or Requirement

- 5. Methods for Determining Resources
- a. <u>AFDC-related individuals (except for poverty leverage)</u> related pregnant women, infants, and children).
 - (1) In determining countable resources for AFDCrelated individuals, the following methods are used:
 - (a) The methods under the State's approved AFD plan; and
 - ___(b) The methods under the State's approved AFDO plan and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.
 - (2) In determining relative financial responsibility the agency considers only the resources of spouse: living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

HCFA-PM-91-4

(BPD)

ATTACHMENT 2.6-A

August 1991

Page 16a

State: <u>Tennessee</u>

OMB No.: 0938-

Citation

Condition or Requirement

5. Methods for Determining Resources

1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r) of the Act

b. Aged individuals. For aged individuals, including individuals covered under section 1902(a)(10)(A)(11)(X) of the Act, the agency used the following methods for treatment of resources:

The methods of the SSI program.

SSI methods and/or any more liberal methods × described in Supplement 8b to ATTACHMENT 2.6-A.

Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those of the SSI Supplement 5 to ATTACHMENT describes the more restrictive Supplement 8b to ATTACHMENT 2.6-A specifies the more liberal methods.

HCFA-PM-91-4

August 1991

(BPD)

ATTACHMENT 2.6-A

Page 17

OMB No.: 0938-

State: Tennessee

Citation

Condition or Requirement

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.

1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B), and 1902(r) of the Act

c. Blind individuals. For blind individuals the agency uses the following methods for treatment of resources:

The methods of the SSI program.

SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

Methods that are more restrictive and/or more liberal than those of the SSI program Supplement 5 to ATTACHMENT 2.6-A describe the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specify the more liberal methods

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

N No. 92-7 Supersedes TN No. <u>87-16(page 12)</u>

Approval Date MAY 2 6 1993

Effective Date 1/1/92

HCFA ID: 7985E

HCFA-PM-91-4

(BPD)

ATTACHMENT 2.6-A

Page 18

OMB No.: 0938-

August 1991

State: <u>Tennessee</u>

Citation

Condition or Requirement

1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r)(2) of the Act

d. <u>Disabled individuals</u>, <u>including individuals</u>
<u>covered under section 1902(a)(10)(A)(ii)(X) of the Act</u>. The agency uses the following methods for the treatment of resources:

The methods of the SSI program.

X SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u>

Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal that those under the SSI program. More restrictive methods are described in Supplement 5 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8b to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

1902(1)(3) and 1902(r)(2) of the Act

e. Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act.

The agency uses the following methods in the treatment of resources.

____ The methods of the SSI program only.

The methods of the SSI program and/or any more liberal methods described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.

N No. <u>92-7</u> Supersedes

TN No. <u>88-3(page 13)</u>

Approval Date

MAY 2 6 1993

Effective Date 1/1/92

HCFA ID: 7985E

(BPD)

ATTACHMENT 2.6-A

Page 19

August 1991

State: <u>Tennessee</u>

OMB No.: 0938-

Citation

Condition or Requirement

Methods that are more liberal than those of SSI The more liberal methods are specified in Supplemen 5a or Supplement 8b to ATTACHMENT 2.6-A.

Not applicable. The agency does not conside resources in determining eligibility.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

1902(1)(3) and 1902(r)(2) of the Act

f. Poverty level infants covered under section 1902(a)(10)(A)(1)(IV) of the Act.

The agency uses the following methods for the treatment of resources:

The methods of the State's approved AFDC plan.

1902(1)(3)(C) of the Act

Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as specified in Supplement 5a of ATTACHMENT 2.6-A.

1902(r)(2) of the Act

Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.

Not applicable. The agency does not consider resources in determining eligibility.

TN No. 92-7 Supersedes (N No. 90-23(page 14)

MAY 2 6 1993 Approval Date

Effective Date 1/1/92

HCFA ID: 7985E

Revision: HCFA-PM-92-1 FEBRUARY 1992 (MB)

ATTACHMENT 2.6-A Page 19a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State	: TEN	NESSE	E
	ELIGIB	LITY	CONDITIONS AND REQUIREMENTS
Citation(s)		Co	ondition or Requirement
1902(1)(3) and 1902(r)(2) of the Act	g.	1.	Poverty level children covered under section 1902(a)(10)(A)(i)(VI) of the Act. The agency uses the following methods for the treatment of resources: The methods of the State's approved AFDC
1902(1)(3)(C) of the Act			plan. Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in Supplement 5a of ATTACHMENT 2.6-A.
1902(r)(2) of the Act		,	Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 8b to ATTACHMENT 2.6-A.
			X Not applicable. The agency does not consider resources in determining eligibility.
			In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. 92-24
Supersedes Approval Da
TN No. 92-7

Revision: HCFA-PM-92 -1

(MB)

ATTACHMENT 2.6-A Page 19b

FEBRUARY 1992

. Lyc a...

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: TENNESSEE ELIGIBILITY CONDITIONS AND REQUIREMENTS Citation(s) Condition or Requirement 1902(1)(3) and g. Poverty level children under section 1902(r)(2) of 1902(a)(10)(A)(i)(VII) the Act The agency uses the following methods for the $\,\cdot\,$ treatment of resources: The methods of the State's approved AFDC plan. 1902(1)(3)(C) Methods more liberal than those in the the Act State's approved AFDC plan (but not more restrictive) as specified in Supplement 5a of ATTACHMENT 2.6-A. 1902(r)(2) Methods more liberal than those in the of the Act State's approved AFDC plan (but not more restrictive), as described in Supplement 8a to ATTACHMENT 2.6-A. X Not applicable. The agency does not consider resources in determining eligibility.

In determining relative responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

2.

TN No. 92-24 Supersedes TN No. NEW

Approval Date MOV 8 1993 Effective Date 4/1/92

(

Revision: HCFA-PM-91-8

(BPD)

ATTACHMENT 2.6-A

Page 20

OMB No.: .0938-

October 1991

State: Tennessee

Citation

Condition or Requirement

1905(p)(1) (C) and (D) and 1902(r)(2) of the Act

5. h. For qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(1) of the Act--

> The agency used the following methods for treatment of resources:. .

The methods of the SSI program only.

The methods of the SSI program and/or more liberal methods as described in Supplement 8b to ATTACHMENT 2.6-Α.

1905(s) of the Act

i. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.

1902(u) of the

j. For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources:

The methods of the SSI program only.

More restrictive methods applied under 1902(f) of the Act as described in Supplement 5 to Attachment 2.6-A.

TN No. 92-7

Approval Date MAY 26 1993

Effective Date 1/1/92

Revision: HCFA-PM-93-5

MAY 1993

(MB)

ATTACHMENT 2.6-A Page 20a

State: Tennessee

Citation

Condition or Requirement

1902(a)(10)(E)(iii) of the Act

Specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act--

The agency uses the same method as in 5.h. of Attachment 2.6-A.

- Resource Standard Categorically Needy
 - 1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:

Same as SSI resource standards.

More restrictive.

The resource standards for other individuals are the same as those in the related cash assistance program.

b. Non-1902(f) States (except as specified under items 6.c. and d. below)

The resource standards are the same as those in the related cash assistance program.

Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.

TN No. 93-15 Supersedes Approval Date OCT 14 1993 Effective Date 7/1/93 TN No. 92-7

State:

TENNESSEE

Page 21

. STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ELIGIBILITY CONDITIONS AND REQUIREMENTS Citation(s) Condition or Requirement 1902(1)(3)(A), c. For pregnant women and infants covered under the provisions of section 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) (B) and (C) of the Act of the Act, the agency applies a resource standard. Supplement 2 to ATTACHMENT 2.6-A Yes. specifies the standard which, for pregnant women, is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the standard applied in the State's approved AFDC plan. X No. The agency does not apply a resource standard to these individuals.

1902(1)(3)(A) and (C) of the Act

d. For children covered under the provisions of section 1902(a)(10)(A)(i)(VI) of the Act, the agency applies a resource standard.

Yes. Supplement 2 to ATTACHMENT 2.6-A specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.

X No. The agency does not apply a resource standard to these individuals.

TN No. 92-24
Supersedes
Approval Date NOV 8 1993
Effective Date 4/1/92
TN No. 92-7

HCFA-PM-91-4

(BPD)

ATTACHMENT 2.5-A

August 1991

Page 21a OMB No.: 0938-

State:

Tennessee

Citation

Condition or Requirement

1902(m)(1)(C) and (m)(2)(B) of the Act e. For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(di)(X) of the Act, the resource standard is:

____ Same as SSI resource standards.

Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy).

Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for these individuals.

Revision: HCFA-PM-93-5

(MB)

ATTACHMENT 2.6-A Page 22

MAY 1993

Tennessee State: Citation Condition or Requirement Resource Standard - Medically Needy Resource standards are based on family size. 1902(a)(10)(C)(i) A single standard is employed in of the Act determining resource eligibility for all groups. c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for--Aged Blind Disabled Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 so indicates. 1905(p)(1)(D) 8. Resource Standard - Qualified Medicare and (p)(2)(B) Beneficiaries and Specified Low-Income Medicare of the Act Beneficiaries For qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act and specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, the resource standard is twice the SSI standard.

1905(s) of the Act

9. Resource Standard - Qualified Disabled and Working Individuals

For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.

TN No. 93-15 Approval Date OCT 14 1993 Effective Date Supersedes 92-7 TN No.

Revision: HCFA-PM-91-8 (BPD)

ATTACHMENT 2.6-A Page 22a

October 1991

OMB No.: 0938-

State: Tennessee

Citation

Condition or Requirement

1902(u) of the Act

9.1 For COBRA continuation beneficiaries, the resource

standard is:

Twice the SSI resource standard for an individual.

More restrictive standard as applied under sectio 1902(f) of the Act as described in Supplement 8 t Attachment 2.6-A.

TN No. 92-7 Supersedes TN No. NEW

Approval Date MAY 2 6 1993

Effective Date 1/1/92

HCFA-PM-93-5

(MB)

ATTACHMENT 2.6-A Page 23

MAY 1993

State: Tennessee

Citation

Condition or Requirement

1902(u) of the Act

10. Excess Resources

a. Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low-Income Medicare Beneficiaries

Any excess resources make the individual ineligible.

- b. Categorically Needy Only
 - X This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.
- c. Medically Needy

Any excess resources make the individual ineligible.

TN No. 93-15
Supersedes Approval Date OCT 14 1993 Effective Date 7/1/93
TN No. 92-7

Revision: HCFA-PM-91-4 August 1991

(BPD)

ATTACHMENT 2.6-A

Page 24

State: Tennessee OMB No.: 0938-

Citation

Condition or Requirement

42 CFR 435.914

- Effective Date of Eligibility
 - a. Groups Other Than Qualified Medicare Beneficiaries
 - (1) For the prospective period.

Coverage is available for the full month if the following - individuals are eligible at any time during the month.

Aged, blind, disabled.

AFDC-related.

Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.

Aged, blind, disabled. AFDC-related.

(2) For the retroactive period.

> Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:

Aged, blind, disabled.

AFDC-related.

Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied..

TN No. 92-7

Supersedes TN No. 90-23(page 21) Approval Date MAY 26 1993

Effective Date 1/1/92

(MB)

ATTACHMENT 2.6-A Page 25

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

TENNESSEE State: ELIGIBILITY CONDITIONS AND REQUIREMENTS Citation(s) Condition or Requirement X (3) For a presumptive eligibility 1920(b)(1) of the Act for pregnant women only. Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day. 1902(e)(8) and For qualified Medicare beneficiaries b. defined in section 1905(p)(1) of the 1905(a) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for--_x 12 months 6 months months (no less than 6 months and no more than 12 months)

HCFA-PM-95-1 March 1995

(MB)

ATTACHMENT 2.6-A Page 26 .

Effective Date: 07/01/05

Citation		Condition or Requirement				
1902(a)(18) and 1902(f) of the Act	12.	Pre-OBRA 93 Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals				
		The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.				
		Disposal of resources at less than fair market value affects eligibility for certain services as detailed in Supplement 9 to Attachment 2.6-A.				
1917(c)	13.	Transfer of Assets - All eligibility groups				
		The agency complies with the provisions of section 1917 (c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets.				
and the second s		Disposal of assets at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9(a) to ATTACHMENT 2.6-A</u> , except in instances where the agency determines that the transfer rules would work an undue hardship.				
1917(d)	14.	Treatment of Trusts - All eligibility groups				
		The agency complies with the provisions of section 1917 (d) of the Act, as amended by OBRA 93, with regard to trusts.				
		The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts;				
		The agency meets the requirements in section 1917(d)(4)(B) of the Act for use of Miller trusts.				

TN No: <u>05-013</u>

Supersedes
TN No.: 92-7

Approval Date: <u>12/02/05</u>

Revision: HCFA-PM-99-1

ATTACHMENT 2.6-A

Page 26a OMB No: 0938-0673

State	Te	nnessee	<u> </u>
Citation		Condit	ion or Requirement
1924 of the Act	15.	and resour who are e	y complies with the provisions of §1924 with respect to income ree eligibility and posteligibility determinations for individuals expected to be institutionalized for at least 30 consecutive days are a spouse living in the community.
			lying the formula used to determine the amount of resources in gibility determinations, the State standard for community
		X_	the maximum standard permitted by law;
		<u>X</u>	the minimum standard permitted by law; or
		\$	a standard that is an amount between the minimum and the maximum.
	One	-half of tota	I recourses not less than the minimum standard or greater than

the maximum standard permitted by law.

GW/D4019091

Revision: HCFA-PM-91-4 (BPD)

August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 1 OMB No: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

Family Size	Gross Income Need Standard	Consolidated Need Payment Standard	Maximum Payment Amounts
1	777	420	95
2	1110	600	142
3	1252	677	185
4	1289	697	226
5	1489	805	264
6	1507	815	305
7	1633	883	345
8	1655	895	386
9	1838	994	425
10	1875	1014	467
11	1929	1043	508
12	1977	1069	549
13	2020	1092	589
14	2055	1111	630
15	2083	1126	670
16	2109	1140	711
17	2131	1152	750
18	2149	1162	790
19	2162	1169	831
20	2173	1175	871

 Income in the amount of the difference between the AFDC standard(s) in effect on July 16, 1996 and the current TANF standard(s) applicable to the family involved is disregarded

NOTE: This will effectively raise the income eligibility standard used for a family to the level of the one which would be used under TANF, including any higher standard used for child-only cases, caretakers who are disabled over 60, and caretakers caring full-time for a disabled family member.

D1033059

TN No. 2002-8 Supersedes Approval Date 03/14/03

Effective Date 10-1-2002

No. <u>99-7</u>

Revision: HCFA-PM-91-4

August 1991

(BPD)

Supplement 1 to ATTACHMENT 2.6-A

Page 1a

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:

<u>Tennessee</u>

INCOME ELIGIBILITY LEVELS (Continued)

2.	Pregnant	Women	and Infants	under Section	1902(a)(10)(a	A)(i)(IV) of the Act:
----	----------	-------	-------------	---------------	---------------	-----------------------

Effective April 1, 1990, based on the following percent of the official Federal income poverty Level--

____ 133 percent

 $X = \frac{X}{\text{(specify)}}$ percent (no more than 185 percent)

TN No.: <u>06-001</u>

Supersedes TN No.: 92-7

Approval Date: 04/14/06

Effective Date 01/01/06

Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992 SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	TENNESSEE	

INCOME ELIGIBILITY LEVELS

- A. MANDATORY CATEGORICALLY NEEDY (Continued)
 - 3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
 - 4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. 92-24
Supersedes Approval Date NOV 8 1993 Effective Date 4/1/92

TN No. 92-7

Revision: HCFA-PM-91-4

HCFA-PM-91-4 August 1991 (BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 3

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

INCOME ELIGIBILITY LEVELS (Continued)

- B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL
 - 1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(10)(1)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on 185 percent of the official Federal income poverty level (more than 133 percent and no more than 185 percent).

Revision: HCFA-PM-91-4

August 1991

(BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 4

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

INCOME ELIGIBILITY LEVELS (Continued)

- B. MANDATORY CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL
- 2. Children Under Age 19

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and are under 19 years of age under the provisions of section 1902(1)(2) of the Act are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income poverty line.

Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

TENNESSEE INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on _____ percent of the official Federal income poverty line.

Pamily Size	Income Level
1	\$
	\$
3	\$
4	\$
5	\$ <u>·</u>

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a resultofa title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

TN No. 92-24 Supersedes TN No. 92-7

Approval Date NOV 3

1993 Effective Date 4/1/92

7985E HCFA ID:

HCFA-PM-91-4

August 1991

(BPD)

SUPPLEMENT 1 to ATTACHMENT 2.6-A

Page 8 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

INCOME LEVELS (Continued)

		HICOME BEVEEN	<u>ouranaca</u>						
D. MED	D. MEDICALLY NEEDY								
X	_ Applicable to all g	roups. X	Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.						
(1)	(2)	(3)	(4)	(5)					
Family Size	Net income level protected for maintenance months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007*	Net income level for persons living in rural areas for months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007*					
	urban only								
\boxtimes	urban and rural								
1	\$241	\$	\$	\$					
2	\$258	\$	\$	\$					
3	\$317	\$	\$	\$					
4	\$325	\$	\$	\$					
For each addi- tional person,									
add:	\$	\$	\$	\$					
*The age	add: \$ \$ \$ \$ *The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.								

D4029270

Approval Date TN No. 99-7 Effective Date 7/1/99 Supersedes TN No. 92-7 HCFA ID: 7985E

HCFA-PM-91-4

August 1991

(BPD)

SUPPLEMENT 1 to ATTACHMENT 2.6-A

Page 9 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

(1) (2)		(3)	(4)	(5)		
Family Size	Net income level protected for maintenance for months	ected for Column (2) exceeds per per citenance for limits specified in reconstructions.		Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007*		
	urban only					
\boxtimes	urban and rural					
5	\$392	\$	\$. \$		
6	\$408	\$	\$	\$		
7	\$467	\$	\$	\$		
8	\$517	\$	\$	\$		
9	\$567	\$	\$	\$		
10	\$625	\$	\$	\$		
For each addi- tional	Add \$59 to Family	Size of 10, 14, and 17 Size of 12 and 19 Size of 11, 13, 15, 16 and	d 18.	· ·		
person, add:	\$	\$	\$	\$		

^{*}The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

D4019270

TN No. 99-7 Supersedes TN No. <u>92-7</u> Approval Date 520 11 120

Effective Date 7/1/99

Revision: HCFA-Region IV

August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 9a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

INCOME LEVELS (Continued)

- E. Optional Groups Other Than the Medically Needy
 - 1. Institutionalized Individuals Under Special Income Levels as follows: Individual . . . 300% of the current SSI Federal Benefit Level.

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 2 TO ATTACHMENT 2.6-A August 1991 Page 1 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: Tennessee RESOURCE LEVELS CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL 1. Pregnant Women a. Mandatory Groups of Pregnant Women Under 1902(a)(10)(A)(1)(IV) Same as SSI resources levels. ZX/ No Resource Limit Less restrictive than SSI resource levels and is as follows: **__**___ Family Size Resource Level 1 Optional Groups of Pregnant Women Under 1902(a)(10)(A)(ii)(IX) and 1902 (7)(2) ___ Same as SSI resources levels. /X/ No Resource Limit.

Family Size Resource Level

1
2

TN No. 92-7 Supersedes TN No. 88-3 Approval Date MAY 2 6 1993

Less restrictive than SSI resource levels and is as follows:

Effective Date 1/1/92

HCFA-PM-91-4

August 1991

(BPD)

SUPPLEMENT 2 TO ATTACHMENT 2.6-A

Page 2

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Tennessee</u>

2. <u>Infants</u>

a.	Mandatory	Group	of	Infants	Under	1902(a)(10	(A)	1)(IV	<u>'</u>

Same as resource levels in the State's approved AFDC plan.

/X/No Resource Limit

Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	
3	
4	
5	
7	•
8	
9	
10	

HCFA-PM-91-4

August 1991

10

(BPD)

SUPPLEMENT 2 TO ATTACHMENT 2.6-A

Page 3

OMB No.: C938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

ь.	Optio (1)(2	nal Group)	of 1	Infants	Unde	1902	(a)(10)(A)(11)(IX)	and 190	
		Same as i	resourc	e leve	els in i	the Sta	te's a	pproved	AFDC p	lan.	
	<u>/x</u> /	No Resource Limit.									
		Less rest	rictiv	e than	the Al	FDC leve	els an	d are a	s follo	ws:	
	Fa	mily Size		Res	ource !	Level					
						`			•	•	
		3									
			٠	•						÷ .	
		5									
		6									
		7				*		٠.			
		8							•		

SUPPLEMENT 2 TO ATTACHMENT 2.6-A

Page 4

STATE PLAN UNDER TITLE XIX OF	THE SOCIAL SECURITY ACT
State: TENNESSEE	
3. Children	
a. Mandatory Group of Children u of the Act. (Children who hav attained age 6.)	e attained age 1 but have not
Same as resource leve	els in the State's approved AFDC plan.
X Less restrictive than	the AFDC levels and are as follows:
Family Size	Resource Level
<u> </u>	0
	<u></u>
3	0
	. 0
	O
6	0
7	0
	0
9	0
10	0

Revision: HCFA-PM-92 -1 FEBRUARY 1992

(MB)

Revision:	HCFA-PM-92 -2 (MB) MARCH 1992	SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 5
	STATE PLAN UNDER TITLE XIX C	F THE SOCIAL SECURITY ACT
b.	of the Act. (Children born af attained age 6 but have not a	
		els in the State's approved AFDC plant the AFDC levels and are as follows:
	Family Size	Resource Level
-	1	0
•	2	0
	3	0
	4	0
	5	0
•	6	0
	7	0
	8	0
	<u>9</u>	0
	10	0

IN No. 92-25 Supersedes Approval Date	7/25/92	Effective Date _	4/1/92
IN No. $92-7$			

Revision:	HCFA-PM-91-4 August 1991	(BPD)	Page 6	2 TO ATTACHMEN 938-	NT 2.6-A
	STATE PLAN L	INDER TITLE XIX	OF THE SOCIAL SE	CURITY ACT	
		State:	Tennessee		
4. Age	d and Disabled]	(ndividuals	(Not Applicable)		
	Same as SSI r	resource levels	•		
	More restrict	tive than SSI 1	evels and are as	follows:	
	Family Size	Resourc	e Level	_	
	1		·		
	2			·	
	3				
	4				
	5				
		cally needy res ly needy progr	source levels (ap am)	plicable only	if Stat
,					
			• •		
				•	
			•		
				•	
		•			

TN No. 92-7 Supersedes TN No. NEW Approval Date NAY 26 1993

Effective Date 1/1/92

Revision: HCFA-PM-91-4

August 1991

(BPD)

SUPPLEMENT 2 TO ATTACHMENT 2.6-A

Page 7

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Tennessee</u>

RESOURCE LEVELS (Continued)

B. MEDICALLY NEEDY

Applicable to all groups -

Except those specified below under the provisions of section 1902(f)
of the Act.

Resource Level
2,000
3,000
3,100
3,200
3,300
3,400
3,500
3,600
3,700
3,800
Add \$100

TN No. <u>92-7</u> Supersedes

TN No. <u>89-5(page 3)</u>

Approval Date MAY 26 199

Effective Date 1/1/92

Revision: HCFA-PM-85-3

(BERC)

SUPPLEMENT 3 TO ATTACHMENT 2.6-A

MAY 1985

Page 1

QMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

Methodology Used for Deduction of Incurred Expenses for Necessary Medical or Remedial Care for Institutionalized Persons in the Post-Eligibility Application of Income.

The following deductions may be made from the total income available for the cost of long-term nursing home care:

Payments for the following types of medical or remedial care recognized under state law, but not encompassed within the State's Medicaid Plan, subject to the following criteria.

- 1. Eyeglasses and necessary related services. Deductions can only be made for the following services and must be the least of the provider's usual and customary charges, billed charges, or the Medicaid fee schedule.
 - (i) Examination and refraction
 - (ii) Frame
 - (iii) Lenses (bifocal)
 - (iv) Lenses (single)
- 2. Hearing aids and necessary related services. Deductions can only be made for the following services and must be the least of the provider's usual and customary charges, billed charges, or the Medicaid fee schedule.
 - (i) Audiogram
 - (ii) Ear mold
 - (iii) Hearing aid
 - (iv) Batteries
 - (v) Hearing aid orientation
- 3. Dental services. Deductions can be made for routine and emergency dental services and in accordance with the Bureau of TennCare's dental fee listing, whether such services are provided at a dental office, on-site at the long term care facility, or through a mobile dental services provider that contracts with the long-term care facility.

TN No.: 05-007

Supersedes

TN No.: 91-27

Approval Date: <u>11/14/05</u>

Effective Date: 08/01/05

HCFA ID: 4093E/0002P

Revision: HCFA-PM-85-3

(BERC)

MAY 1985

SUPPLEMENT 3 TO ATTACHMENT 2.6-A

QMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

- 4. Specialized chairs such as electric wheelchairs. Deductions will be restricted to the lesser of the Medicare prevailing charges or the Medicaid fee schedule.
- Deductions for any other medical service recognized under State law but not covered by Medicaid will be made at the least of the provider's usual and customary charges, billed charges, or 80% of the Medicare fee schedule. Deductions will be allowed only for services that are determined by the state to be medically necessary for the particular individual on whose behalf the services are being requested.

Charges for nursing home days incurred as the result of bed-holds or therapeutic leave days that are in excess of the number of days covered under the Medicaid State Plan for the type of facility in question are not allowable deductions.

TN No.: <u>05-007</u>

Supersedes TN No.: NEW

Approval Date: <u>11/14/05</u>

Effective Date: 08/01/05

HCFA ID: 4093E/0002P

Revision: HCFA-PM-91-4

August 1991

(BPD)

SUPPLEMENT 4 TO ATTACHMENT 2.6-A

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX-OF THE SOCIAL SECURITY ACT

State: <u>Tennessee</u>

METHODS FOR TREATMENT OF INCOME THAT DIFFER FROM THOSE OF THE SSI PROGRAM

(Section 1902(f) more restrictive methods and criteria and State supplement criteria in SSI criteria States without section 1634 agreements and in section 1902(f) States. Use to reflect more liberal methods only if you limit to State supplement recipients. DO NOT USE this supplement to reflect more liberal policies that you elect under the authority of section 1902(r)(2) of the Act. Use Supplement 8a for section 1902(r)(2) methods.)

(Not Applicable)

Revision: HCFA-PM-91-4

August 1991

(BPD)

SUPPLEMENT 5 TO ATTACHMENT 2.6-A

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

MORE RESTRICTIVE METHODS OF TREATING RESOURCES
THAN THOSE OF THE SSI PROGRAM - Section 1902(f) States only

(Not Applicable)

(

Revision: HCFA-PM-91-4 August 1991

(BPD)

SUPPLEMENT 5a TO ATTACHMENT 2.6-A

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

METHODS FOR TREATMENT OF RESOURCES FOR INDIVIDUALS WITH INCOMES RELATED TO FEDERAL POVERTY LEVELS

(Do not complete if you are electing more liberal methods under the authority of section 1902(r)(2) of the Act instead of the authority specific to Federal poverty levels. Use Supplement 8b for section 1902(r)(2) methods.)

(Not Applicable)

SUPPLEMENT 6 TO Attachment 2.6-A

State Tennessee

Standards for Optional State Supplementary Payments

Couple 1 per- Couple son (4)	Payment Category	Administered by	ed by	14	Income Level	10		Income
(2) State 1 per- Couple 1 per- Couple son (3) (4)	(Reasonable			Score		2		Disregards Buployed
		Pederal	State	1 per-son	Couple	l per-	Couple	
	(E)	(2)		(3)		(4)		(5)

TN # 85-5 Supersedes TN # 82-14

Approval Date 1/30 /56 Effective Date 4/1/85

Revision: HCFA-PM-91-4 August 1991

(BPD)

SUPPLEMENT 7 TO ATTACHMENT 2.6-A

Page 1

OMB No .: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

INCOME LEVELS FOR 1902(f) STATES - CATEGORICALLY NEEDY WHO ARE COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

(Not Applicable)

MAY 26 1993

August 1991

(BPD)

SUPPLEMENT 8 TO ATTACHMENT 2.6-A

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

RESOURCE STANDARDS FOR 1902(f) STATES - CATEGORICALLY NEEDY

(Not Applicable)

August 1991

(BPD)

SUPPLEMENT 8a to ATTACHMENT 2.6-A

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

MORE LIBERAL METHODS OF TREATING INCOME .
UNDER SECTION 1902(r)(2) OF THE ACT*

Section 19	02(f) S	State	/X/	Non-Section	1902(f)	State
	• •				,,,,	

In determining countable income for pregnant women under 1902(1) of the Act there is no deeming of parental income to the pregnant woman.

*More liberal methods may not result in exceeding gross income limitations under section 1903(f).

TN No. 92-7

Approval Date MAY 2 6 1993

Effective Date 1/1/92

persedes
No. <u>89-3 & 89-4(page 1 supplement 11)</u>

HCFA ID: 7985E

(BPD)

SUPPLEMENT 8a to ATTACHMENT 2.6-A

August 1991 Page 4

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT*	
Section 1902(f) State Non-Section 1902(f) State
FOR THE QUALIFIED MEDICARE BENEFICIARIES COVERED UNDER SECTION 1 (i) OF THE ACT AND SPECIAL LOW INCOME MEDICARE BENEFICIARIES 1 1902(a)(10)(E)(iii) OF THE ACT	
An amount per month per child will be disregarded from the applicant/recipient's countable income in situations where min children, under age 21, live in the home with tapplicant/recipient.	
The amount of this disregard will be reasonably related to the between the poverty level income standard for each family size.	he difference
	-
*More liberal methods may not result in exceeding gross incomunder section 1903(f).	e limitations
D3033246	
TN No. 93-20 Supersedes	
TN No. 92-7 Approval Date 12/8/93 Effective Date	e <u>7/1/93</u>
. HCFA ID: 798	35E

TN NEW

February 2000

Supplement 8A to Attachment 2.6A ADDENDUM

	State: _	Tennessee			
	LES		E METHODS OF CTION 1902(r)(2)	TREATING INCOM OF THE ACT	E
190	3(f) of the	ty groups not sub Act*: All wages sus 2000 activitie	paid by the Censu	ons on payment explai s Bureau for temporai -	ned in section y employment
Less re 1903(f)		ethods may not re	esult in exceeding p	gross income limitatio	ns under section
1010056					

HCFA-PM-91-4 August 1991 (BPD)

SUPPLEMENT 8b to ATTACHMENT 2.6-A

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State

/X/ Non-Section 1902(f) State

The following is a revised resource policy being requested under 1902(b)(2) of the Act.

11A. Groups Other Than Qualified Medicare Beneficiaries

For the Adult Medically Needy and Institutionalized categories, the individual/couple whose countable resources are valued at or below the resource limit at any time during the month meets resource eligibility throughout the entire month.

(Policy effective date: 4-1-88)

This compares with AFDC and SSI policy as follows:

AFDC - If the amount of resource exceeds the AFDC resource limit, the applicant/recipient must be notified that the resource causes the assistance unit to be ineligible but that he/she may reapply as soon as the resource is within the limit. At the point that the applicant/recipient reapplies and the resource is within the appropriate limit, resource eligibility is met.

Although AFDC money payment cannot be made prior to date of AFDC application, Medicaid coverage is authorized the first day of the month of application or 1st day of the 1st month eligibility is attained (if applicant/recipient is not eligible for the month of application). Medicaid eligibility may extend retroactively up to the three calendar months prior to month of application, if all eligibility criteria are met for the retroactive period.

AFDC effective date policy is not being changed by the revised resource policy, since the revision applies only to the Adult Medically Needy and Institutionalized categories.

IN No. <u>92-7</u> Supersedes MAY 26 1993
Approval Date

Effective Date 1/1/92

TN No. 88-8(Addendum to supplement 12)

HCFA ID: 7985E

August 7991

(BPD)

SUPPLEMENT 8b to ATTACHMENT 2.6-A

Page 1a

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State

/X/ Non-Section 1902(f) State

<u>SSI</u> - In SSI, there is the first moment of the month resource eligibility requirement i.e. the individual must be resource eligible on the first moment of the month in order to be eligible for that month. (However, there is conditional eligibility based on the individual's agreement to dispose of excess non-liquid resources and repay for benefits received during the period of time the conditional benefits were paid.)

Prior to March 1, 1988, Tennessee used SSI resource treatment methodology for the Adult Medically Needy and Institutionalized categories, in that an individual had to have been resource eligible the first moment of the month in order to be resource eligible for that month. After March 1, 1988, we are applying a more liberal treatment of resources by allowing an individual to be eligible for the entire month if resources are at or below the resource standard at any time during that month. There is no restriction on how an individual uses the excess resource in order to reduce it to the resource eligibility limit.

Moratorium protection of the revised resource policy was approved based on the following:

- 1. This resource policy is listed in numerous interpretive materials/guidelines as an example of less restrictive policies allowed under the Moratorium.
- 2. The SSI first moment of the month rule is not binding for Moratorium protected policies.
- 3. Since Medicaid eligibility can be authorized from the first day of the month for AFDC recipients who attain eligibility during the month, we are not changing our State's effective date policy for this category.

TN No. 92-7

Approval Date MAY 26 1993

Effective Date 1/1/92

Supersedes

TN No. 88-8 (Addendum to supplement 12)

HCFA ID: 7985E

August 1991

(BPD)

SUPPLEMENT 8b TO ATTACHMENT 2.6-A

Page 1b

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State

/X/ Non-Section 1902(f) State

4. With respect to all other aspects of eligibility in all other categories (except for Medically Needy income "spend-down" cases), an individual is Medicaid eligible for the entire month if eligibility is attained at any time during the month. This effective date policy is not being changed by the resource policy revision, except that we are no longer applying the SSI 1st day of the month resource rule, which is allowed under the Moratorium.

August 1991

(BPD)

SUPPLEMENT 8b to ATTACHMENT 2.6-A

Page 2

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902(r)(2) OF THE ACT

__ Section 1902(f) State

X Mon-Section 1902(f) State

The following more liberal treatment of resources applies to the determination of eligibility for SSI-related aged, blind and disabled institutionalized individuals under 42 CFR 435.211, 435.217, and 435.231 and aged, blind and disabled Medically Needy adults under 42 CFR 435.320, 322, and 324 and Qualified Medicare Beneficiaries and Special Low Income Medicare Beneficiaries.

All of the individual's equity value in business/non-business resources used to produce income is excluded as a resource.

Business/Non-Business Resources are defined as land, buildings, equipment, supplies, inventory, tools of a tradesperson, livestock of a farmer, cash on hand, accounts receivable, etc. which are used in the person's trade or business, or in the employment of a family member or by the individual as an employee.

D3053246

TN No. 93-20

Supersedes

TN No. 92-7

12/8/93

Approval Date

Effective Date 7/1/93

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)

August 1991

SUPPLEMENT 8b to ATTACHMENT 2.6-A

Page 3

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902(r)(2) OF THE ACT

___ Section 1902(f) State

Non-Section 1902(f) State

For Qualified Medicare Beneficiaries and Special Low Income Medicare Beneficiaries, the individual/couple whose countable resources are valued at or below the resource limit at any time during the month meets resource eligibility throughout the entire month.

D3043246

TN No. 93-20

Supersedes TN No. 92-7

Approval Date 12/8/93

Effective Date 7/1/93

HCFA ID: 7985E

August 1991

(BPD)

SUPPLEMENT 9 TO ATTACHMENT 2.6-A

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

TRANSFER OF RESOURCES

1917 of the Act

The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.

See Addendum to Supplement 9 for transfer of resource policies in effect prior to July 1, 1988.

August 1991

(BPD)

SUPPLEMENT 9 TO ATTACHMENT 2.6-A

Page 2

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

/X/ The period of ineligibility is less than 24 months, as specified below:

For resources transferred prior to July 1, 1988 by an institutionalized individual who applies before July 1, 1988 the following policy applies:

Uncompensated Value	Counted as A Resource For
\$3,000 or less \$3,001 - 6,000 \$6,001 - 9,000 \$9,001 - 12,000	6 months 12 months 18 months 24 months

of denial of eligibility in any instance where the State determines that a denial would work an undue hardship.

Revision:

HCFA-PM-91-4

August 1991

(BPD)

SUPPLEMENT 9 TO ATTACHMENT 2.6-A

Page 3

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee .

- 2. Transfer of the home of an individual who is an inpatient in a medical institution.
 - period of ineligibility applies inpatients in an SNF, ICF or other medical institution as permitted under section 1917(c)(2)(B)(1).
 - a. Subject to the exceptions on page 2 of this supplement, an individual is ineligible for 24 months after the date on which he disposed of the home. However, if the uncompensated value of the home is less than the average amount payable under this plan for 24 months of care in an SNF, the period of ineligibility is a shorter time. bearing a reasonable relationship (based on the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

August 1991

(BPD)

SUPPLEMENT 9 TO ATTACHMENT 2.6-A

Page 4

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Tennessee</u>

b. __/

Subject to the exceptions on page 2 of this supplement, if the uncompensated value of the home is more than the average amount payable under this plan as medical assistance for 24 months of care in an SNF, the period of ineligibility is more than 24 months after the date on which he disposed of the home. The period of ineligibility bears a reasonable relationship (based upon the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

August 1991

(BPD)

SUPPLEMENT 9 TO ATTACHMENT 2.6-A

Page 5

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Tennessee</u>

No individual is ineligible by reason of item A.2 if—-

- (i) A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual can reasonably be expected to be discharged from the medical institution and to return to that home;
- (ii) Title to the home was transferred to the individual's spouse or child who is under age 21, or (for States eligible to participate in the State program under title XVI of the Social Security Act) is blind or permanently and totally disabled or (for States not eligible to participate in the State program under title XVI of the Social Security Act) is blind or disabled as defined in section 1614 of the Act;
- (iii) A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual intended to dispose of the home either at fair market value or for other valuable consideration: or
- (iv) The agency determines that denial of eligibility would work an undue hardship.

August 1991

(BPD)

SUPPLEMENT 9 TO ATTACHMENT 2.6-A

Page 6

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Tennessee</u>

3. 1902(f) States

- Under the provisions of section 1902(f) of the Social Security Act, the following transfer of resource criteria more restrictive than those established under section 1917(c) of the Act, apply:
- 8. Other than those procedures specified elsewhere in the supplement, the procedures for implementing denial of eligibility by reason of disposal of resources for less than fair market value are as follows:
- 1. If the uncompensated value of the transfer is \$12,000 or less:

Uncompensated Value	Counted As A Resource For
\$3,000 or less	6 months
\$3,001 - 6,000	12 months
\$6,001 - 9,000	18 months
\$9,001 - 12,000	24 months

2. If the uncompensated value of the transfer is more than \$12,000:

Add one additional month for each additional \$1,000 of uncompensated value (or portion thereof)

*This policy applies to resources transferred prior to July 1, 1988 by a non-institutional individual who applies before, on or after July 1, 1988, or by an institutionalized individual who applies before July 1, 1988.

August 1991

(BPD)

SUPPLEMENT 9 to ATTACHMENT 2.6-A

Page 7

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

- 3. If the agency sets a period of ineligibility of less than 24 months and applies it to all transfers of resources (regardless of uncompensated value):
- 4. Other procedures: ...
- C. In accordance with Section 303 of the Medicare Catastrophic Coverage Act of 1988, effective July 1, 1988 any assets transferred by an institutionalized individual on or after that date and subsequently any assets transferred within 30 months of applying for Medicaid on or after July 1, 1988, for less than fair market value, will be considered an available asset. Countable assets for this provision include all real and personal property.
 - Do not restrict Medicaid coverage to institutionalized individuals under the provisions in Section 303(b) of the Medicaid Catastrophic Coverage Act if:
 - a. The resources transferred were a home, and title to the home was transferred to the:
 - (1) Spouse;
 - (2) Minor child under age 21 or adult disabled or blind child;
 - (3) Sibling who has equity interest and has resided in the home for at least one year prior to the individual's institutionalization:
 - (4) Child (other than those in (2) above) who resided in the home at least two years immediately preceding the individual's institutionalization and who provided care that permitted the individual to stay in the home rather than a medical or nursing facility.

Revision: HCFA-PM-91-4 (BPD)

August 1991

SUPPLEMENT 9 to ATTACHMENT 2.6-A

Page 7a

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Tennessee</u>

- b. The resources were transferred to (or to another party for the sole benefit of) the community spouse or the individual's child who is blind or permanently and totally disabled.
- 2. The period of ineligibility, for nursing home vendor payments (or home and community based services) unless hardship provisions apply, shall begin with the month in which such resources were transferred and the number of months in such period shall be equal to the lesser of: (a) the uncompensated value of assets so transferred divided by the average cost of nursing facility services at the private pay rate or, (b) 30 months.
- 3. An institutionalized spouse who (or whose spouse) transferred resources for less than fair market value shall not be found ineligible for nursing facility services, for a level of care in a medical institution equivalent to that of nursing facility services, or for home and community-based services where the State determines that denial of eligibility would work an undue hardship under the provision of section 1917(c)(2)(D) of the Social Security Act.
- 4. If the community spouse transfers to another party assets that have been transferred to him/her from the institutionalized spouse, or other assets, for less than fair market value, the institutionalized spouse will be penalized according to C.3. above as if s(he) had made the transfer. The 30 month transfer time frame prior to institutionalization applies to these situations.

Revision: HCFA-PM-91-4 (BPD)

August 1991

SUPPLEMENT 9 to ATTACHMENT 2.6-A

Page 7b

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

- D. For the period prior to 7-1-88 as well as the period from 7-1-88 through 9-30-89 interspousal transfers of property are considered a transfer of assets if:
 - 1. The resource was other than a homestead (or excluded resources for transfers prior to 7-1-88);
 - 2. The resource was not jointly owned by both spouses; and
 - 3. Less than fair market value was received by the spouse transferring the resource.

This policy applies to transfers:

- 1. Within months 24 prior to 7-1-88 noninstitutionalized individuals applying anytime and for institutionalized individuals applying prior to 7-1-88; and
- 2. Made 7-1-88 or later and subsequently within 30 months of application for institutionalized individuals applying 7-1-88 or later.

A transfer of assets penalty as specified in Supplement 9 to attachment 2.6-A pages 1,2,6, and 7a will be applied unless:

- 1. The individual can rebut either of the transfer presumptions: transfer to attain or Medicaid eligibility or receipt of fair compenation; or
- 2. The transfer was made by the individual's legal representative without his/her knowledge or consent; or
- 3. Hardship exists for transfers made 7-1-88 or later by institutionalized individuals applying 7-1-88 or later.

August 1991

(BPD)

SUPPLEMENT 9 to ATTACHMENT 2.6-A

Page 7c

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

An institutionalized spouse who (or whose spouse) transferred resources for less than fair market value shall not be found ineligible for nursing facility services, for a level of care in a medical institution equivalent to that of nursing facility services, or for home and community-based services where the State determines that denial of eligibility would work an undue hardship under the provision of section 1917(c)(2)(D) of the Social Security Act.

Revision: HCFA-PM-81-4 (BPD) August 1991

ADDENDUM to

SUPPLEMENT S TO ATTACHMENT 2.6-4

Page 1

OME No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Tennessee</u>

PRE-1988 TRANSFER OF RESOURCES POLICY

The agency provides for the denial of eligibility by reason of disposal of resources for less than fair market value.

A. Except as noted below, the criteria for determining the period of ineligibility are the same as criteria specified in section 1613(c) of the Social Security Act

For resources transferred prior to July 1, 1988 by an institutionalized individual who applies before July 1. 1988 the following policy applies:

- 1. Transfer of resources other than the home of ar individual who is an inpatient in a medical institution.
 - ē. /X/ -The agency uses a procedure which provides for a total period of ineligibility greater than 24 months for individuals who have transferred resources for less than fair manket value when the uncompensated value of disposed of resources exceeds \$12,000. This period bears a reasonable relationship to the uncompensated value of the transfer. The computation of the period and the reasonable relationship of this period to the uncompensated value is described as follows:

Uncompensated Value

Counted As A Resource For

over 12.800

add one additional month for each \$1,000 (or portion thereof) of uncompensated value.

(BPD)

ADDENDUM to

SUPPLEMENT 9 TO ATTACHMENT 2.6-A

August 1991 Page 2

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Tennessee</u>

b. <u>/X/ The period of ineligibility</u> is less than 24 months, as specified below:

Uncompensated Value	Counted as A Resource For
\$3,000 or-less	6 months
\$3,001 - 6,000	12 months
\$6,001 - 9,0 00	18 months
\$9 NN1 - 12 NNA	24 months

c. _/ The agency has provisions for waiver of denial of eligibility in any instance where the State determines that a denial would work an undue hardship.

August 1991

(BPD)

ADDENDUM to SUPPLEMENT 9 TO ATTACHMENT 2.6-A

Page 3

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Tennessee</u>

- B. The procedures for implementing denial of eligibility by reason of disposal of resources for less than fair market value are as follows:
 - 1. If the uncompensated value of the transfer is \$12,000 or less:

•	Counted As A Resource For		
\$3,001 - \$6,000 \$5,001 - \$9,000	6 months 12 months 18 months 24 months		

2. If the uncompensated value of the transfer is more than \$12,000:

Add one additional month for each additional \$1,000 of uncompensated value (or portion thereof)

*This policy applies to resources transferred prior to July 1, 1988 by a non-institutional individual who applies before, on or after July 1, 1988, or by an institutionalized individual who applies before July 1, 1988.

TN No. 92-7 Supersedes TN No. 88-20

Approval Date

MAY 2 6 1993

(BPD)

SUPPLEMENT 9 TO ATTACHMENT 2.6-A Page 4 OMB No.: 0938-

ADDENDUM to

August 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Tennessee

- C. For the period prior to 7-1-88 as well as the period from 7-1-88 through 9-30-89 interspousal transfers of property are considered a transfer of assets if:
 - The resource was other than a homestead (or excluded resources for transfers prior to 7-1-88);
 - The resource was not jointly owned by both spouses; and
 - Less than fair market value was received by the spouse transferring the resource.

This policy applies to transfers:

- 7-1-88 1. Within months prior to noninstitutionalized individuals applying anytime and for institutionalized individuals applying prior to 7-1-88; and
- Made between 7-1-88 and 9-30-89 and subsequently months of application for 30 institutionalized individuals applying 7-1-88 or

A transfer of assets penalty as specified in Addendum to Supplement 9 to Attachment 2.6-A pages 1 and 2 will be applied unless:

- 1. The individual can rebut either of the transfer transfer to attain or maintain presumptions: Medicaid eligibility or receipt of compensation; or
- The transfer was made by the individual's legal representative without his/her knowledge or consent; or
- 3. Hardship exists for transfers made 7-1-88 or later by institutionalized individuals applying 7-1-88 or later.

August 1991

(BPD)

ADDENDUM to SUPPLEMENT 9 TO ATTACHMENT 2.6-A

Page 5

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Tennessee State:

An institutionalized spouse who (or whose spouse) transferred resources for less than fair market value shall not be found ineligible for nursing facility services, for a level of care in a medical institution equivalent to that of nursing facility services, or for home and community-based services where the State determines that denial of eligibility would work an undue hardship under the provision of section 1917(c)(2)(D) of the Social Security Act.

August 1991

(BPD)

SUPPLEMENT 10 to ATTACHMENT 2.6-A

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: <u>Tennessee</u>

CONSIDERATION OF MEDICAID QUALIFYING TRUSTS--UNDUE HARDSHIP

1902(k)(4) of the Act, P.L. 99-272 (section 9506)

For an applicant or recipient who is subject to the requirements at section 1902(k) of the Act, governing Medicaid qualifying trusts, the State will waive application of these requirements to the applicant or recipient in cases where the State determines that application of these rules would result in undue hardship.

TN No. <u>92-7</u> Supersedes TN No. 91-6

Approval Date MAY 2 6 1993

Effective Date 1/1/92

HCFA ID: 7985E

October 1991

(BPD)

SUPPLEMENT 11 to ATTACHMENT 2.6-A

Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

COST EFFECTIVENESS METHODOLOGY FOR COBRA CONTINUATION BENEFICIARIES

1902(u) of the Act

Premium payments are made by the agency only if such payments are likely to be cost-effective. The agency specifices the guidelines used in determining cost effectiveness by selecting one of the following methods:

 The	methodology	35	described	in	SMM	section	3598.

Another cost-effective methodology as described below. (See attachment 4.22-C).

Supplement lla to Attachment 2.6-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

METHODOLOGY FOR MORE LIBERAL TREATMENT OF INCOME AS ALLOWED UNDER 1902(r)(2) OF THE ACT

The following treatment of income applies to the SSI related medically needy adults under 42 CFR 435.320, 322 and 324 and Qualified Medicare Beneficiaries. and Qualified Disabled Working Individuals.

Countable income for the above individuals is being redefined so as not to include unearned in-kind support and maintenance (ISM).

D1140268/1

gn

TN No. 90-23 DATE/RECEIPT 9/28/90
SUPERSEDES DATE/APPROVED 11/20/90
TN No. NEW DATE/EFFECTIVE 7/1/90

AT 90-23 Effective 7-1-90

Supplement 11b to Attachment 2.6-A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

METHODOLOGY FOR MORE LIBERAL TREATMENT OF INCOME AS ALLOWED UNDER 1902(r)(2) OF THE ACT

The following more liberal treatment of income applies to the determination of income for SSI-related aged, blind and disabled institutionalized individuals under 42 CFR 435.211, 435.217, and 435.231 and aged, blind, and disabled Medically Needy adults under 42 CFR 435.320, 322, and 324 and Qualified Medicare Beneficiaries.and Qualified Disabled Working Individuals.

Gross income for eligibility determination purposes is redefined so as not to include the following:

- (1) The costs of doing business i.e. the ordinary and necessary expenses involved in the production and collecting of income, including but not limited to:
 - (a) State and local real/personal property taxes
 - (b) Expenses of managing and maintaining the property
 - (c) Mortgage interest payments
 - (d) Fire insurance premiums
 - (e) Normal maintenance and repair on personal/real property
 - (f) Salaries, wages, employee benefits
 - (g) Rental/lease of office space or equipment
 - (h) Other allowable expenses as reported on the applicant/recipient's federal income tax return.
- (2) Mandatory deductions such as FICA and withholding tax on pensions and other unearned income.

D1160268/1

TN No. 90-23 DATE/RECEIPT 9/28/90

SUPERSEDES DATE/APPROVED 11/20/90

TN No. NEW DATE/EFFECTIVE 7/1/90

AT 90-23 Effective 7-1-90

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The Sta	he State covers low-income families and children under section 1931 of the Act.						
	The foll	owing gr	roups were included in the	e AFDC State plan effective July 16, 1996:			
	_ <u>X</u> _	Pregna	int women with no other eli	ligible children.			
	X		children age 18 who are f vocational or technical tra	full-time students in a secondary school or in the equivale aining.			
			eligibility for Medicaid, the 16, 1996 without modifica	ne agency uses the AFDC standards and methodologies ation.			
X_	In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies effect as of July 16, 1996, with the following modifications.						
			ency applies lower income n May 1, 1988, as follows:	e standards which are no lower than the AFDC standards			
		The agency applies higher income standards than those in effect as of July 16, 199 increased by no more than the percentage increases in the CPI-U since July 16, 1996, follows:					
			gency applies higher resource standards than those in effect as of July 16, 1996, sed by no more than the percentage increases in the CPI-U since July 16, 1996, as :				
	X_		ency uses less restrictive uly 16, 1996, as follows:	income and/or resource methodologies than those in effective			
		1.		on that is equal to \$90 plus \$30 and 1/3 or the current TAN disregard, whichever is higher, for applicants and recipients.			
			Example:				
			Aid Group Size	1			
			CNS	\$510			
				90 30 <u>130 (1/3 amount)</u> \$250			
				\$ <u>250 - \$150 = \$100</u> \$100 = 1931 disregard			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

- 2. Up to \$2000 in resources will be excluded. Escrow profits for low-income entrepreneurs and Individual Development Accounts (IDA) of up to \$5,000 each plus interest earned are excluded as countable resources.
- Lump sum payments will be considered as a resource in the month received and thereafter if retained.
- 4. The first \$4,600 of equity value in an automobile will be disregarded. Any excess equity value of the automobile or the equity value of any other vehicle(s) will be considered as a resource and applied to the \$2,000 resource limit set forth in item 2. above.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

- 1. Thirty dollar disregard was allowed for a total of twelve months, one-third disregard for four months, and the \$90 disregard for an unlimited time period as long as there were earnings.
- 2. The cash assistance resource limit was \$1,000. There was no previous exclusion of escrow profits for low-income entrepreneurs or IDAs.
- 3. Prior policy required determination of a period of ineligibility using the lump sum as income divided by the Consolidated Need Standard (CNS) for the aid group (AG) size. The CNS for an AG containing 24 persons of \$1,199 is much less than the \$2,000 resource limit now used to determine a period of ineligibility. Ineligibility under prior policy was a predetermined quotient that could be reduced only under certain specified circumstances. Under new policy the AG may be ineligible for one month only unless the AG retains the lump sum and it cause resource ineligibility in subsequent months. Using the lump sum as income previously usually resulted in more than one month of ineligibility (e.g. \$2,000 lump sum ÷ \$677 CNS for 3 = 2 months ineligibility plus \$646 counted as an income in the third month. Under new policy this lump sum would not have caused ineligibility unless the AG had additional resources. Even so, the AG would have opportunity to spend the excess resources to become resource eligible in the subsequent month with only one month of ineligibility).
- 4. The equity value of one vehicle in excess of \$1,500 was a countable resource.
- ____ The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.
- X The agency continues to apply the following waivers of provisions of Part A of Title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

 $\S402(a)(38)$ and 402(a)(41) and the various provisions of the regulations at 45 CFR 206.10(a)(1)(vii), 233.100(a)(1), (2), (3) and (c)(1)(iii) and (iv), and (c)(2)(1) and 233.101(a)(1), (2), (3), and (c)(1)(iii) and (iv), and (c)(2)(1) to allow the State to eliminate the unemployed

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: TENNESSEE

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

parent requirement that the principal earner be employed less than 100 hours per month in situations where the caretaker in an AFDC family marries a nonrecipient.

§402(a)(31) and the various provisions of the regulations at 45 CFR 233.20(a)(3)(xiv) to allow the State to disregard the income of a new spouse who marries a recipient if the income, minus child support payments made to a child outside the assistance unit, is less than 185 percent of the standard of need for the assistance group size.

D1043059

February 2000

Supplement 12 to Attachment 2.6A ADDENDUM

State Plan Under Title XIX of the Social Security Act

State:	<u>Tennessee</u>
	ELIGIBILITY UNDER SECTION 1931 OF THE ACT
The State co	overs low-income families and children under section 1931 of the Act.
<u>X</u>	The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:
	All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded.
	The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

D1020056

TN No. 2000-1

Approval Date MAR 2 7 2000

Effective Date 1/1/2000

Supersedes TN NEW

Revision: HCFA-PM-97-2 December 1997 SUPPLEMENT 13 TO ATTACHMENT 2.6-A

Page 1

OMB No: 0938-0673

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Tennessee	

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

For individuals with greater need who participate in sheltered workshops, up to \$100 of earnings plus \$40 are allowed as the personal needs allowance which may not exceed \$140 per month.

TN No.: <u>05-002</u>

Supersedes

No. <u>98-1</u>

Approval Date: 05/13/05

Effective Date: 01/01/05

SUPPLEMENT 14 TO ATTACHMENT 2.6-A

Page 1

OMB No: 0938-0673

STATE PLAN UNDER	TITLE XIX O	F THE SOCIAL	SECURITY ACT
CIAIH PLAN LINDER			

State	Tennessee
	VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

Disclosure Statement for Post-Eligibility Preprint

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is #0938-0673. The time required to complete this information collections is estimated at 5 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: HCFA, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

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TN No. 99-2 Supersedes No. NEW Approval Date 1999 1 1000

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